Negative predictive value was 100 % for a combined dosage of Trop and Co. Three-month follow-up is completed for 99 pts (79%) without adverse events in group 1.
Conclusion: Co is a useful, safe and time-saving biomarker in addition to Trop to help in the management of patients with suspected ischemic heart disease. Patients with elevation of Trop or/and Co have a high incidence of high risk ACS.
Disclosure of Interest: None declared

P044

Outcome of patients admitted with acute coronary syndrome and given only palliative treatment

P. Erne[1,2,], O. Bertel[3], Ph. Urban[4], D. Radovanovic[5] on behalf of AMIS Plus Investigators*
[1]Cardiology, University Hospital, Zürich, [2]Clinic St. Anna, Luzern, [3]Clinic im Park, Zürich, [4]Interventional Cardiology, Hospital de la Tour, Genève, [5]AMIS Plus Data Center, Institute of Social and Preventive Medicine, University of Zurich, Zürich, Switzerland

Introduction: At a time when compliance with guidelines is increasingly used to benchmark the quality of hospital care, very little is known about patients admitted with acute coronary syndromes (ACS) who are treated palliatively. This study aimed to evaluate the baseline characteristics and outcomes of these patients.
Method: Using the data of ACS patients enrolled in the AMIS Plus Registry from 1997-2012, characteristics at presentation and outcomes were analysed according to 3 treatment groups: palliative treatment, defined as use of aspirin and analgesics only (no other antithrombotics [anticoagulants or antiplatelets, heparins, P2Y12 inhibitors, GPIIb/IIIa] and no reperfusion; conservative treatment, defined as any treatment except pharmacological or mechanical reperfusion; and reperfusion treatment (thrombolysis and/or percutaneous coronary intervention).
Results: Among 39,401 ACS patients, 1367 (3.4%) were treated palliatively, 10,865 (27.6%) conservatively and 27,169 (69.0%) underwent reperfusion therapy. In 1997, 6% of all patients were treated palliatively and 60% conservatively. This continuously decreased to below 3% and 17% respectively in 2012. In comparison with conservatively treated patients and those who underwent reperfusion, palliative patients were older (77y vs 72y vs 63.3y;p<0.001), predominantly female (42% vs 35% vs 23%;p<0.001), and suffered more frequently from hypertension (72% vs 65% vs 56%:p<0.001), diabetes (31% vs 25% vs 16%;p<0.001), heart failure (15% vs 8% vs 2%;p<0.001), cerebrovascular diseases (15% vs 11% vs 4%;p<0.001), renal disease (22% vs 15% vs 4%;p<0.001), and dementia (9% vs 6% vs 0.5%;p<0.001). They more frequently required resuscitation prior admission (6% vs 4% vs 4%;p=0.012) and were more often in Killip class III/IV at admission (19% vs 11% vs 5%;p<0.001). Patients treated palliatively had more complications, such as cardiogenic shock after admission (18% vs 8% vs 4%;p<0.001), stroke (1.7% vs 1.2% vs 0.8%;p<0.001) and had a higher hospital mortality than patients treated conservatively or with reperfusion (27.1% vs 11.4% vs 3.5%;p<0.001).
Conclusion: ACS patients treated palliatively were older, sicker, with more heart failure at admission and had very high in-hospital mortality. While refraining from more active therapy may often constitute the most humane and appropriate approach, a consensus should be reached on whether such patients should be included in the overall evaluation of ACS patient outcomes.
Disclosure of Interest: None declared

P045

Safety and efficacy of resolute zotarolimus-eluting stents versus everolimus-eluting stents: A meta-analysis of 5 randomized trials including 9,899 patients

G. Stefanini[*], G. C. Siontis, D. Cao, L. Räber, Th. Pilgrim, St. Stortecky, C. O'Sullivan, M. Taniwaki, E. Spitzer, P. M. Wenaweser, B. Meier, St. Windecker
Cardiology, Inselspital, Bern, Switzerland

Introduction: Contemporary drug-eluting stents (DES) represent the standard of care for patients undergoing percutaneous revascularization. It is still debated, however, whether the safety and efficacy profile of Resolute zotarolimus-eluting stents (R-ZES) is comparable to everolimus-eluting stents (EES) that are considered the benchmark for safety at this point in time.
Method: We searched PubMed and conference proceedings for reports of randomized comparisons of R-ZES and EES until December 2013. Random-effects meta-analyses were performed comparing clinical outcomes in R-ZES treated patients and EES treated patients up to maximum available follow-up.

Analyzed endpoints were ARC definite or probable ST, cardiac death, and target-vessel myocardial infarction (TV-MI) for safety, and target vessel revascularization (TVR) for efficacy. Heterogeneity was assessed by the use of I-squared.
Results: Five trials were identified: RESOLUTE All-Comers, TWENTE, ISAR-LM 2, DUTCH-PEERS, and HOST-ASSURE – including a total of 9,899 patients. Compared with EES, R-ZES had similar risks of ST (RR 1.21, 95% CI 0.81-1.81), cardiac death (RR 1.05, 95% CI 0.82-1.34), TV-MI (RR 1.08, 95% CI 0.86-1.36), and the composite of cardiac death and TV-MI (RR 1.08, 95% CI 0.91-1.28). A landmark analysis at 1 year showed that the risk of ST was comparable with R-ZES and EES at 1 year (early/late ST: RR 1.30, 95% CI 0.77-2.21) as well as beyond the first year of follow-up (very late ST: RR 0.84, 95% CI 0.36-1.94). As it relates to efficacy, the risk of TVR was similar with R-ZES and EES up to longest available follow-up (RR 1.03, 95% CI 0.87-1.22). No evidence of heterogeneity was observed across trials for the analyzed endpoints.
Conclusion: According to this meta-analysis of 5 randomized trials including 9,899 patients, R-ZES have similar safety and efficacy as compared to EES, with no differences in risks of ST, cardiac death, TV-MI and TVR.
Disclosure of Interest: None declared

P046

Spontaneous coronary artery dissection: Single centre experience with systematic angiographic follow-up

S. Rogowski[*], H. Rickli, D. Weilenmann, Ph. Haager, P. Ammann, F. Rohner, L. Joerg, M. Maeder
Cantonal Hospital, St. Gallen, Switzerland

Introduction: Spontaneous coronary artery dissection (SCAD) is a rare cause of acute coronary syndrome. Evidence is based on single case reports, whereas only few larger case series have been published. In particular, there are no studies with systematic angiographic follow-up. We describe clinical characteristics, treatment, and angiographic follow-up of a contemporary SCAD population
Method: Over a 15 years period we systematically collected patients presenting with SCAD at our institution. A follow-up angiography was offered to all patients.
Results: There were 56 patients with SCAD (mean age 51±11 years, 93% females, three patients with peripartum SCAD). All patients had acute coronary syndrome. The following vessels were affected: left main (n=1), left anterior descending artery (n=25), left circumflex artery (n=28), right coronary artery (n=2). One patient underwent coronary bypass grafting, five patients underwent percutaneous coronary intervention (PCI), and 51 patients were treated medically. One patient with peripartum left main SCAD died from cardiogenic and hemorrhagic shock during emergency PCI. All other patients were discharged in a stable condition. Twenty-nine patients (three of them after PCI) underwent a follow-up angiogram (median) 6 (interquartile range, 5-19) months after the index event: one patient with SCAD of the posterior descending artery of the right coronary artery who was treated conservatively developed out-of-hospital cardiac arrest a few days after the first angiogram, was found to have a persistent dissection at the second angiogram which was still treated medically, had a complicated clinical course including multiorgan failure but finally survived with only minimal neurological sequelae. Two medically treated patients presented with a second event more than a year after the first event and were found to have SCAD in a second vessel, while the initially affected vessel was angiographically normal. In all other patients (n=26), there was a good angiographic result after PCI (n=3), or the vessel was angiographically normal after medical therapy (n=23).
Conclusion: In the majority of cases, SCAD can be treated medically with a good clinical result and complete angiographic resolution of the dissection after months. However, rarely SCAD is a catastrophic event resulting in dead, and in some patients, the dissection persists leading to additional events, and some patients have SCAD in a second vessel.
Disclosure of Interest: None declared

P047

Serial greyscale and virtual histology IVUS findings in patients undergoing primary PCI with biodegradable polymer biolimus-eluting stents versus bare metal stents

M. Taniwaki[1,], H. M. Garcia-Garcia[2], S. Zaugg[3], M. Roffi[4], A. Moschovitis[5], G. Pedrazzini[6], G. Stefanini[5], R. Bonvini[7], P. M. Wenaweser[5], B. Meier[5], P. Jüni[8], H. Kelbaek[9], St. Windecker[5], L. Räber[5]*
[1]Inselspital, Bern, Switzerland, [2]Thoraxcenter, Rotterdam, Netherlands, [3]Bern University, Bern, [4]HUG, Genève, [5]Cardiology, Inselspital, Bern, [6]Cardiocentro, Ticino, [7]Cardiology, Clinicque des Grangettes, Genève, [8]Clinical Trial Unit, University of Bern, Bern, Switzerland, [9]Rigshospital, København, Denmark